PARTNERS

Improving Lives. Strengthening Communities.®

1915(i) State Plan Amendment Training

Tailored Care Management & Providers

Agenda

- Overview of 1915(i).
- Transitioning (b)(3) to 1915(i).
- (b)(3) Code Transition.
- 1915(i) Services.
- Accessing 1915(i) Services.
- 1915(i) Care Plan/ISP Requirements.
- 1915(i) Authorization Request Requirements.
- Resources & Contacts.

PARTNERS
Improving Lives. Strengthening Communities.

What is the 1915(i) State Plan Amendment?

- Allows Home and Community Based Services for individuals with behavioral health, intellectual/developmental disabilities and traumatic brain injury.

- Provides opportunities for Medicaid enrollees to receive services in their own home or community rather than institutions.

- Allows NC Medicaid to extend coverage of the current 1915(b)(3) services to additional populations.

PARTNERS
Improving Lives. Strengthening Communities.

Overview of 1915(i)

- Due to federal requirements, Tailored Plans cannot offer 1915(b)(3) services.

- To ensure that individuals maintain access to these critical services, North Carolina is transitioning 1915(b)(3) benefits to 1915(i) services.

- 1915(i) services will be available through:
  - Tailored Plans.
  - NC Medicaid Direct, including the Tribal Option.
  - Children & Families Specialty Plan (CFSP) (upon launch).

PARTNERS
Improving Lives. Strengthening Communities.

Overview of 1915(i)

- 1915(i) target groups include beneficiaries ages 3 and older with:
  - Intellectual or Developmental Disability (I/DD).
  - Traumatic Brain Injury (TBI).
  - Serious Mental Illness (SMI).
    - Including Severe and Persistent Mental Illness (SPMI).
  - Serious Emotional Disturbance (SED).
  - Severe Substance Use Disorder (SUD).

Overview of 1915(i)

- Services available under 1915(i) include:
  - Community Living and Supports (CLS).
  - Community Transition.
  - Individual and Transitional Supports.
  - Respite.
  - Supported Employment/Individual Placement Supports.

PARTNERS
Improving Lives. Strengthening Communities.

TRANSITIONING (b)(3) TO 1915(i)

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Services

Current 1915(b)(3) Service	1915(i) Service
In-Home Skill Building	Community Living and Support
One-time Transitional Costs	Community Transition
Individual Support	Individual and Transitional Support *Integrates existing Individual Support, Transitional Living Skills and Intensive Recovery Supports into one service*
Transitional Living Skills	
Intensive Recovery Supports	
Respite	Respite
Supported Employment	Supported Employment

Current 1915(b)(3) Community Navigator/Community Guide will be offered under Tailored Care Management.

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Service Transition

- Centers for Medicare & Medicaid Services (CMS) approved the 1915(i) State Plan Amendment (SPA) with an effective date of 7/1/2023.
- **Members currently receiving (b)(3) services will be the priority population to transition to 1915(i).**
- Members with (b)(3) services who will enroll in a Tailored Plan must transition to 1915(i) prior to Tailored Plan Launch.
- Members with (b)(3) services who will remain under Medicaid Direct must transition to 1915(i) by 6/30/2024.

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Service Transition

- To transition to 1915(i), members must have completed a 1915(i) assessment and have a Care Plan/ISP in place.
- (b)(3) services will still be available to members as they are in the process of transitioning to 1915(i).
- (b)(3) authorizations will be honored when transitioning to a 1915(i) service without the requirement of an additional medical necessity review.
- Individuals who are not currently receiving (b)(3) services can obtain 1915(i) if they have a completed 1915(i) assessment, are evaluated as eligible for the service and have a Care Plan/ISP in place.

PARTNERS
Improving Lives. Strengthening Communities.

(b)(3) CODE TRANSITION

PARTNERS
Improving Lives. Strengthening Communities.

(b)(3) Code Transition

- As part of the transition from (b)(3) to 1915(i), (b)(3) services will have new codes.
- Utilization Management will transition open (b)(3) authorizations to the new (b)(3) codes.
- These new (b)(3) codes will automatically be added to the providers contract if they currently have the old (b)(3) code in their contract.

PARTNERS
Improving Lives. Strengthening Communities.

(b)(3) Code Transition

(b)(3) code ending 6/30/2023	(b)(3) Service	NEW (b)(3) code effective 7/1/2023
H0043 U4	Community Transition	H0043
H0045 U4	Respite	H0045
H0045 HQ U4	Respite Group	H0045 HQ
H2023 U4	Supported Employment Initial	H2023
H2023 HQ U4	SE Initial Group	H2023 HQ
H2026 U4	SE Maintenance	H2026
H2026 HQ U4	SE Maintenance Group	H2026 HQ

PARTNERS
Improving Lives. Strengthening Communities.

(b)(3) Code Transition

(b)(3) code ending 6/30/2023	(b)(3) Service	NEW (b)(3) code effective 7/1/2023
T1019 U4	Individual and Transitional Support	T1019
T1019 TS U4	Individual and Transitional Support (non-EVV, only in the community)	T1019 TS
H2022 U4	Transitional Support	H2022 U4 (no changes)
T1012 U4	Intensive Recovery Support	T1012 U4 (no change)

PARTNERS
Improving Lives. Strengthening Communities.

(b)(3) Code Transition

(b)(3) code ending 6/30/2023	(b)(3) Service	NEW (b)(3) code effective 7/1/2023
T2013 U4	In Home Skill Building	Not applicable
Not applicable	Community Living and Supports (only in the community –non-EVV)	T2012
Not applicable	Community Living and Supports Group	T2013 HQ
Not applicable	Community Living and Supports relative as provider lives in home (non-EVV)	T2012 GC
Not applicable	Community Living and Supports Individual	T2013 TF

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) SERVICES

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Services

Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an Intellectual or Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED) or Severe Substance Use Disorder (SUD) who meet need-based criteria set by the Department.

1915(i) Service	I/DD	SED	SMI	SUD	TBI
Community Living and Support	✓ Ages 3+				✓ Ages 3+
Community Transition	✓ Age 18+		✓ Age 18+	✓ Age 18+	✓ Age 18+
Individual and Transitional Support		✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	
Respite	✓ Ages 3+	✓ Ages 3-20		✓ Ages 3-20	✓ Ages 3+
Supported Employment	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+

PARTNERS
Improving Lives. Strengthening Communities.

Community Living and Supports

- Eligible populations include beneficiaries who are 3 years of age and older with:
  - Intellectual or Developmental Disability (I/DD).
  - Traumatic Brain Injury (TBI).

AND

- Needs-Based Criteria set by the Department include:
  - Have a functional deficit.
  - Can benefit from skill acquisition (e.g., self-determination, independent living).
  - Can benefit from assistance in monitoring a health condition/living skills.

PARTNERS
Improving Lives. Strengthening Communities.

Community Living and Supports

- Service Limitations (per SPA)
  - Adults (age 22 and up): Up to 28 hours per week.
  - Child (age 21 or under): Up to 15 hours per week when school is in session; up to 28 hours per week when school is not in session.

- Community Living and Supports is the ONLY 1915(i) service that may be provided by relatives who reside in the same home as a beneficiary who is 18 or older.
  - The ISP must contain documentation that the beneficiary agrees with the employment of the relative and has been given the opportunity to fully consider all options for employment of non-related staff.

PARTNERS
Improving Lives. Strengthening Communities.

Community Transition

- Eligible populations include beneficiaries who are 18 years of age and older with:
  - Intellectual or Developmental Disability (I/DD).
  - Traumatic Brain Injury (TBI).
  - Serious Mental Illness (SMI).
  - Severe and Persistent Mental Illness (SPMI).
  - Severe Substance Use Disorder (SUD).

AND

- Needs-Based Criteria set by the Department include:
  - Moving from residential setting to independent living and need initial set-up for living expenses/items.

PARTNERS
Improving Lives. Strengthening Communities.

Community Transition

- Covered items and services are (Per SPA):
  - Security deposits that are required to obtain a lease on an apartment or a home.
  - Essential furnishings, which can include furniture, window coverings, food preparation items, bed/bath linens.
  - Moving expenses required to occupy and use a community domicile.
  - Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water.
  - Services necessary for the beneficiary's health and safety, such as pest eradication and one-time cleaning prior to occupancy.

PARTNERS
Improving Lives. Strengthening Communities.

Community Transition

- Does NOT cover the following (per SPA):
  - Monthly rental or mortgage expenses.
  - Food expenses.
  - Regular utility charges.
  - Household appliances or diversional/recreational items such as:
    - Televisions.
    - VCR players and components.
    - DVD players and components.
  - Service and maintenance contracts.
  - Extended warranties.

PARTNERS
Improving Lives. Strengthening Communities.

Community Transition

- Service Limitations (per SPA):
  - Expenses cannot exceed $5,000 per individual during the five (5) year period.
  - Available up to three (3) months in advance of a beneficiary's move to an integrated living arrangement, and up to 90 consecutive days post move in date.
  - If a beneficiary lives with a roommate, Community Transition services cannot duplicate items that are currently available.
  - Community Transition expenses are furnished only to the extent that the beneficiary is unable to meet such expenses or when the support cannot be obtained from other sources.

PARTNERS
Improving Lives. Strengthening Communities.

Individual and Transitional Support

- Eligible populations include beneficiaries aged 16 and older with:
  - Serious Emotional Disturbance (SED).
  - Serious Mental Illness (SMI).
  - Severe and Persistent Mental Illness (SPMI).
  - Severe Substance Use Disorder (SUD).

AND

- Needs-Based Criteria set by the Department include:
  - Deficit in at least ONE or more instrumental activities of daily living related to diagnosis (e.g., financial management, meal preparation, self-care management).

PARTNERS
Improving Lives. Strengthening Communities.

Individual and Transitional Support

- Service Limitations (per SPA):
  - Up to 60 hours per month (240 units per month).
  - Initial request cannot exceed 180-calendar days.
  - Reauthorization requests may be up to 90-calendar days.

***Note**: Individual and Transitional Support is not a "first responder" service. The service provider shall coordinate with other service providers to ensure "first responder" coverage and crisis response for the beneficiary.*

PARTNERS
Improving Lives. Strengthening Communities.

Respite

- Eligible populations include beneficiaries with:
  - Intellectual or Developmental Disability (I/DD) ages 3 and older.
  - Traumatic Brain Injury (TBI) ages 3 and older.
  - Serious Emotional Disturbance (SED) ages 3-20.
  - Severe Substance Use Disorder (SUD) ages 3-20.

AND

- Needs-Based Criteria set by the Department include:
  - Require assistance with receptive and expressive language, learning, self-care, mobility, self-direction or capacity for independent living.
  - Not have the ability to care for themselves in the absence of a primary caregiver ***and*** have needs that exceed that of a child without behavioral health concerns/developmental disabilities that could have care provided by a traditional babysitter or day care.

PARTNERS
Improving Lives. Strengthening Communities.

Respite

- Service Limitations (per SPA):
  - Limit of 300 hours per year per beneficiary.
  - May not be used as a regularly scheduled daily service in individual support.
  - Respite is a short-term service intended for the relief of the primary caregiver that resides within the primary residence with the beneficiary. Respite care cannot be provided by any person who resides in the individual's primary place of residence.
  - For 24-hour respite, providers shall bill for the time staff were awake providing supports. Staff sleep time is not reimbursable.
  - Beneficiary must live in a non-licensed setting with non-paid caregiver(s).
    - Exception: Respite may be used to provide temporary relief to a beneficiary who resides in Licensed and Unlicensed Alternative Family Living Situations (AFLs) or Therapeutic Foster Care but cannot be billed at the same time.

Supported Employment

- Eligible populations include beneficiaries aged 16 and older with:
  - Intellectual or Developmental Disability (I/DD).
  - Traumatic Brain Injury (TBI).
  - Serious Emotional Disturbance (SED).
  - Serious Mental Illness (SMI).
  - Severe Substance Use Disorder (SUD).

AND

- Needs-Based Criteria set by the Department include:
  - Express the desire to work.
  - Has a pattern of unemployment, underemployment or sporadic employment.
  - Needs assistance with educational goals which are necessary to meet employment goals.

PARTNERS
Improving Lives. Strengthening Communities.

Supported Employment

- Service Limitations:
  - Services may not occur in segregated settings or sheltered workshops.
  - The following activities are not covered:
    - Services provided to teach academic subjects or as a substitute for educational personnel, including a teacher, teacher's aide or academic tutor.
    - Pre-vocational classes.
    - Supports and/or services to help individuals with volunteering.
    - Set-aside jobs for people with disabilities, such as enclaves.
    - Transitional employment.
    - Group employment searches or classes.

PARTNERS
Improving Lives. Strengthening Communities.

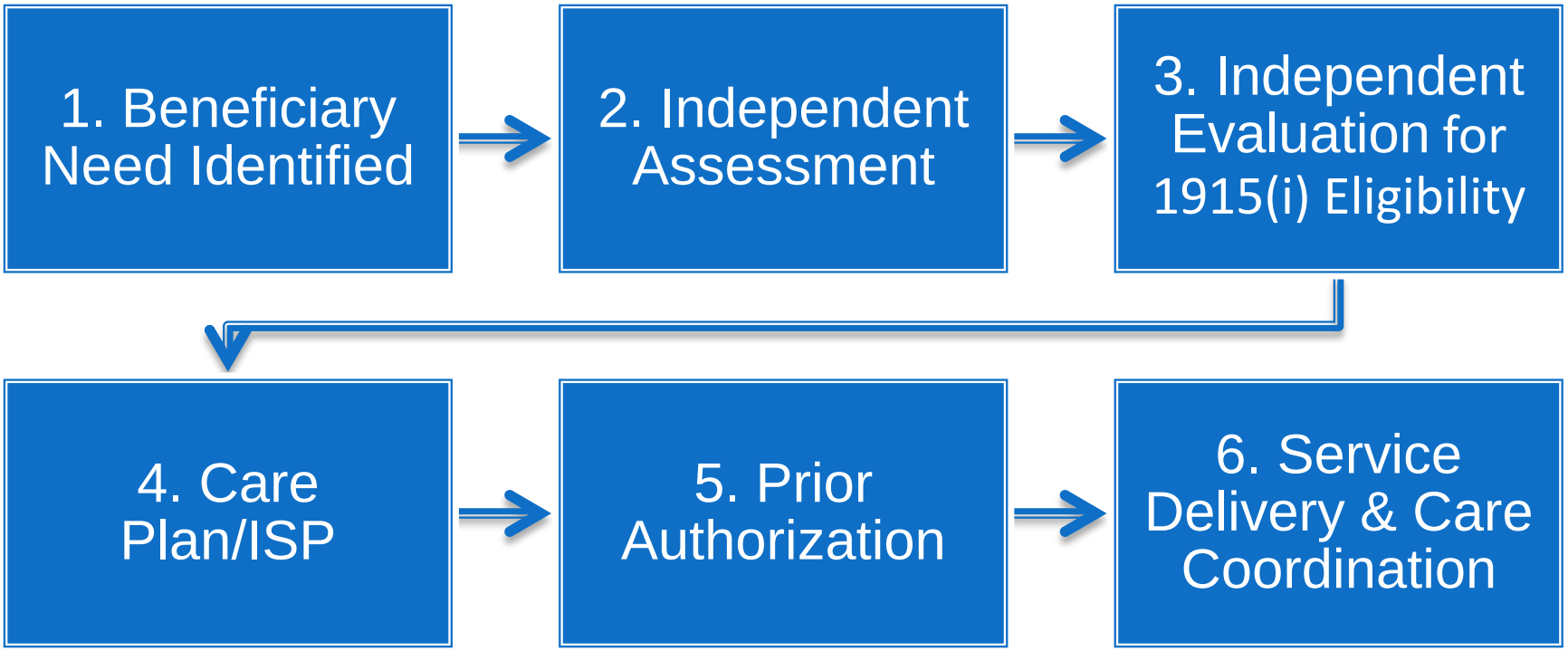
Supported Employment

- The following activities are not covered:
  - Habilitative services for the individual to acquire, retain and improve the self-help, socialization and adaptive skills necessary to reside successfully in community settings.
  - Non-employment-related transportation for the individual or family.
  - Any services provided to family, friends or natural supports of the individual receiving Supported Employment/Individual Placement.
  - Supports to address problems not directly related to the individual's issues and not listed on the ISP, Care Plan and/or Employment Plan.
  - Clinical and administrative supervision of staff.
  - Time spent in meetings where the eligible individual is not present.
  - For the IPS model for MH and SUD, group employment/work crews.

ACCESSING 1915(i) SERVICES

PARTNERS
Improving Lives. Strengthening Communities.

Accessing 1915(i) Services



PARTNERS
Improving Lives. Strengthening Communities.

Beneficiary Need Identified

- Beneficiary visits Primary Care Provider (PCP), Behavioral Health (BH), I/DD or another provider.

- Primary Care Provider (PCP), Behavioral Health (BH), I/DD or another provider identifies that the beneficiary needs a 1915(i) service.

- Primary Care Provider (PCP), Behavioral Health (BH), I/DD or other provider refers beneficiary to their care manager to determine eligibility.

PARTNERS
Improving Lives. Strengthening Communities.

Independent Assessment

- The beneficiary's care manager, either at a Tailored Plan or AMH+/CMA, conducts the independent assessment in order to identify the beneficiary's needed services and supports, inform the independent evaluation of 1915(i) eligibility and inform a Care Plan/ISP.

- The beneficiary care manager submits 1915(i) assessments to Carelon at NCMedicaid1915irequests@carelon.com.

- 1915(i) Assessment can be found here: https://medicaid.ncdhhs.gov/nc-medicaid-1915i-assessment.

PARTNERS
Improving Lives. Strengthening Communities.

Independent Assessment

- 1915(i) Assessment Requirements:
  - The Assessment must be completed **in person or via telehealth** (i.e., two-way audio/visual).
  - Must be completed **annually.**
    - Moving forward, the assessment will correspond with the **beneficiaries' birth month.**
  - Must be performed by an independent assessor (i.e., cannot be performed by the provider of the 1915(i) service).

- Individuals must have an 1915(i) assessment completed prior to 1915(i) enrollment.

- *Care Managers are responsible for completing the Independent Assessment, not the provider.*

PARTNERS
Improving Lives. Strengthening Communities.

Independent Evaluation

- The beneficiary's care manager submits the independent assessment to Carelon, who will collect assessments for the State.
- The State conducts the standardized independent evaluation to determine if beneficiary meets eligibility criteria (categorical or medical need) and function limitation criteria for 1915(i) services.
- This evaluation will be at the initial request and re-evaluation completed annually during the individual's birth month.

The State will confirm the target group and which services that the beneficiary may possibly receive under 1915(i).

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP

Care Plan: for individuals with **behavioral health**-related needs.
ISP: for individuals with **I/DD or TBI**-related needs.

- The care manager explains the 1915(i) service options available to the beneficiary, assists the beneficiary in identifying 1915(i) service provider(s) and organizes a person-centered planning meeting to complete the Care Plan/ISP.
  - *Provider Choice must be attested by the beneficiary in the Care Plan/ISP.*

- The care manager develops the Care Plan/ISP with the beneficiary and other identified representatives.

- *Care Managers are responsible for Care Plan/ISP development versus the provider.*

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP

- The care manager ensures the Care Plan/ISP reflects the beneficiary's:
  - Needed services and supports.
  - Preferences for the delivery of services.
  - Name of the service provider.

- The Care Plan/ISP must be reviewed and revised:
  - At least once every 12 months.
  - When the individual's circumstances or needs change significantly.
  - At the request of the individual.

PARTNERS
Improving Lives. Strengthening Communities.

Prior Authorization

- The care manager submits completed Care Plan/ISP to the beneficiary's Tailored Plan for review.
- The beneficiary's Tailored Plan conducts prior authorization of the 1915(i) service(s).
- Services can be authorized for up to one-year.

Care Manager submits authorization request versus the servicing provider.

UM reviews the authorization request for medical necessity.

PARTNERS
Improving Lives. Strengthening Communities.

Prior Authorization

- Initial Care Plan/ISP must be developed and submitted for UM review within 60 days of 1915(i) eligibility determination by the State.
  - If outside 60-day window, a new approved Independent Evaluation is required.

- 1915(i) services must begin within 45 days of Care Plan/ISP approval.

- Reminder: UM has 14 calendar days to review all routine requests and 3 calendar days for expedited requests.
  - Expedited request must meet criteria as detailed in later slide.

PARTNERS
Improving Lives. Strengthening Communities.

Service Delivery & Care Coordination

- The care manager follows up with 1915(i) service provider(s) to implement the authorized 1915(i) service(s) according to the Care Plan/ISP.

- The care manager provides ongoing care coordination.

  A behavioral health or I/DD provider acting as a CMA cannot deliver both Tailored Care Management and 1915(i) services to the same beneficiary.

PARTNERS
Improving Lives. Strengthening Communities.

Service Delivery & Care Coordination

- 1915(i) Care Coordination Requirements include:
  - Explaining the service authorization process.
  - Assisting in choosing a qualified provider to implement 1915(i) service(s) (e.g., providing a list of available providers, arranging provider interviews).
  - Monitoring Care Plan/ISP goals.
  - Maintaining close contact with the beneficiary, providers and other members of the care team.
  - Promoting the delivery of services and supports in the most integrated setting that is clinically appropriate for the beneficiary.
  - Updating the independent assessment at least annually or as significant changes occur.
  - Completing the Independent Assessment as part of the annual Care Management Comprehensive Reassessment.
  - Notifying the appropriate Tailored Plan of updates to 1915(i) service eligibility.
  - Monitoring of service delivery.

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) CARE PLAN/INDIVIDUAL SUPPORT PLAN (ISP) REQUIRED ELEMENTS

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Requirements

Care Plan: for individuals with **behavioral health**-related needs.
ISP: for individuals with **I/DD and TBI**-related needs.

- There is no required template for 1915(i) Care Plans/ISPs.

- There should be a single plan that documents the individual's whole-person needs.
  - Care Managers should incorporate information from the individual's Person-Centered Plan (PCP) into the Care Plan/ISP to the maximum extent possible and vice versa.
  - Providers are still required to complete a PCP to authorize the delivery of certain behavioral health services (i.e., services listed in policy 8A, 8A-1, 8A-6, 8C, 8D-1, 8D-2, 8G).

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Each Care Plan/ISP must contain the following required elements at a minimum:
  - Results from the 1915(i) Independent Assessment.
  - Individual's desired type, amount and duration of 1915(i) services.
  - Names and contact information of:
    - Key providers.
    - Care team members.
    - Family members.
    - Others chosen by the member to be involved in planning and service delivery.
  - Measurable member goals.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - Clinical needs including, but not limited to:
    - Physical health needs.
    - Behavioral health needs.
    - I/DD-related needs.
    - TBI related needs.
    - Dental needs.
  - Interventions including addressing medication management and adherence.
  - Intended outcomes of interventions and goals.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - Services needed by member including:
    - Social services needed.
    - Educational services needed.
    - Other services needed.
  - Strategies to increase:
    - Social interaction.
    - Employment.
    - Community integration.
  - Emergency/natural disaster/crisis plan.
  - Strategies to mitigate risks to the health, well-being and safety of the members and of others.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - Information about Advance Directives, including advance instructions for mental health treatment, as appropriate.
  - A life transitions plan to address instances including:
    - Member changing schools.
    - Change in caregiver/natural supports.
    - Change of employment.
    - Moving or entering another life transition.
  - Strategies to improve self-management and planning skills.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - **For members with serious emotional disturbance (SED), I/DD, or TBI, the care plan or ISP will also include:**
    - Caregiver supports.
    - Connection to respite services, as necessary.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - **For members ages three (3) up to age twenty-one (21) with a mental health disorder and/or substance use disorder who are receiving mental health or substance use services, a Child and Family Team member will be involved in developing the Care Plan/ISP and facilitating the planning process.**
    - The assigned organization providing Tailored Care Management uses a strengths assessment to build strategies included in the Care Plan or ISP that address the critical needs and unique strengths of the youth and family as identified by and in cooperation with the Child and Family Team (CFT). <u>These strategies shall be included in the Care Plan or ISP.</u>
    - The Care Plan or ISP is regularly updated to respond to changes with the youth and family, as well as the results of the supports and services provided and document the shift of activity from formal supports to informal supports for greater self-sufficiency.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- Care Plan/ISP required elements continued:
  - **For members ages three (3) up age to twenty-one (21) with a mental health disorder and/or substance use disorder (SUD) who are receiving mental health or substance abuse services, the BH I/DD Tailored Plan shall ensure that the Child and Family Team is incorporated into the care team.**
    - The CFT shall be built around the youth and family to meet their unique needs and include relevant public and private providers, schools and natural and community supports that actively participate in the implementation, monitoring and evaluation of the Care Plan.
    - The CFT shall be convened at least once every thirty (30) days.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- The Care Plan/ISP must be signed and dated by Care Manager and member or Legally Responsible Person (LRP).

- Service Order:
  - Service Order must be signed and dated by licensed physician, licensed psychologist, licensed physician assistant or licensed nurse practitioner in Section A.
  - If not ordered by a Licensed Professional, a Qualified Professional (QP) must order 1915(i) option service(s) are medically necessary in Section B.

- All applicable checkboxes on the Care Plan or ISP Signatures Pages must be checked in order to be considered a valid plan.

PARTNERS
Improving Lives. Strengthening Communities.

Care Plan/ISP Required Elements

- As part of the 1915(i)-consent process, member must consent to the following:

By signing this plan, I am indicating agreement with the bulleted statements listed here, unless crossed through. I understand that I can cross through any statement with which I disagree.

- *My care manager helped me know what services are available.*
- *I was informed of a range of providers in my community qualified to provide the service(s) included in my plan and freely chose the provider who will be providing the services/supports.*
- *The plan includes the services/supports I need.*
- *I participated in the development of this plan.*
- *I understand that my care manager will be coordinating my care with the [Tailored Plan or LME/MCO] network providers listed in this plan.*

PARTNERS
Improving Lives. Strengthening Communities.

Signature Requirements

Per APSM 45-2, Records Management and Documentation Manual, Chapter 8:

- All entries in the service record shall be signed and all signatures must contain the appropriate credentials, degree, licensure and/or title of the person entering information in the service record, constituting a "full signature."
- An electronic signature shall include a date stamp.
- A handwritten signature requires a handwritten date by the signatory.
- **The practice of pre- or post-dating signatures in any form or circumstance is prohibited.**
- When individuals from other agencies sign certain documents that are filed in the service record, their identity, job title/credentials and/or their relationship to the individual should be indicated near their signature.
- Any corrections or changes to the Care Plan/ISP require new signatures by member or LRP.
  - Reference: MCO Communication Bulletin #J095, 8/21/2014.

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) AUTHORIZATION REQUEST REQUIREMENTS

PARTNERS
Improving Lives. Strengthening Communities.

Authorization Requests

- All services included in the ISP/Care Plan should be submitted at the same time.
- UM reviews these requests as a bundle.
- If there is an error with one service request, the entire bundle is affected.
  - Example: if one service request contains error, all services in the bundle will be pended and possibly unable to process or administratively denied if correction is not received.
- UM has 14 calendar days to review routine requests and 3 calendar days for expedited requests.
  - Expedited requests must meet criteria as detailed in later slide.

PARTNERS
Improving Lives. Strengthening Communities.

Authorization Requests

- The following data must be correct and match in the ISP/Care Plan and Authorization Request:
  - Member name.
  - Demographics (address, date of birth, Medicaid number, etc.).
  - Effective/Start dates.
  - End dates.
  - Service Name.
  - Service Codes.
  - Provider Name.
  - Site Location.
  - Units.

PARTNERS
Improving Lives. Strengthening Communities.

Authorization Requests

- All required documentation must be submitted in its entirety with no omissions or missing pages.
- Diagnoses must be entered using ICD-10 Codes.
- Requests cannot be submitted more than 30-days prior to Start Date.
- Requested Start Date cannot precede the date the Authorization Request was submitted unless policy criteria for Retro request is met.

PARTNERS
Improving Lives. Strengthening Communities.

Required Documentation

The following documentation is required to be submitted with all 1915(i) authorization requests:

- Independent Assessment of Service Needs by Care Manager.
- Independent Evaluation determining eligibility by the State.
- Care Plan/Individual Support Plan (ISP).
  - Must reflect needed services and supports.
  - State preferences for the delivery of services.
  - Include name of Service Provider(s).
- Community Transition Checklist (for Community Transition requests only).
- All health records and any other supporting documentation that support the service(s) requested.

PARTNERS
Improving Lives. Strengthening Communities.

Recommended Supplemental Documentation

The following documentation is recommended to be submitted when applicable to assist in determining medical necessity:

- Behavior Support Plan/Guidelines and Data.
- Comprehensive Clinical Assessment.
- List of Medications.
- Medical Logs (sleep, seizures, etc.).
- Medical Records/Hospitalizations.
- Provider Goals.
- Schedule of Services.
- School Schedule and/or Individualized Education Plan (IEP).
- Any provider information, new evaluations or information to assist in determining medical necessity.

PARTNERS
Improving Lives. Strengthening Communities.

Initial vs. Reauthorization

Initial	Reauthorization / Concurrent
New to Service Requests	Revision to adjust current authorized service(s)
Annual Requests	
Revision to add a New Service	

PARTNERS
Improving Lives. Strengthening Communities.

EPSDT

EPSDT: Early and Periodic Screening, Diagnostic and Treatment is the child health component of Medicaid.

- The only 1915(i) service which is subject to EPSDT is **Individual and Transitional Living Supports.**

PARTNERS
Improving Lives. Strengthening Communities.

Expedited Reviews

- An Expedited Review is only intended for a case in which the member's health and safety are at imminent risk if the service does not begin immediately or within the next 24 hours.

- Examples would include:
  - Member has been evicted from his/her apartment.
  - The primary caregiver for a member who lives with family is suddenly hospitalized.

PARTNERS
Improving Lives. Strengthening Communities.

Retro Reviews

- A Retro Review is only intended for a case in which the member's Medicaid was approved Retroactively.

- Partners will review for Retroactive Medicaid requests within 90-days from the Modified Date in NC TRACKS.

PARTNERS
Improving Lives. Strengthening Communities.

CONTACTS & RESOURCES

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Resources

How to access Care Management services

- I/DD Care Management Referrals:
  - Phone: 833-618-7974
  - Email: IDD_TCM_Screening_and_Referral@partnersbhm.org

- MHSU Care Management Referrals:
  - Phone: 704-842-6311
  - Email: MHSA_CC@partnersbhm.org

PARTNERS
Improving Lives. Strengthening Communities.

1915(i) Resources

- 1915(i) Assessment
- 1915(i) TCM Assessment Training
- TCM Provider Slides
- Service Provider Slides
- Transition of 1915(b)(3) Benefits to 1915(i) Fact Sheet
- NC DHHS Tailored Care Management

PARTNERS
Improving Lives. Strengthening Communities.

UM Resources

- Clinical Coverage Policies
- Partners Provider Knowledge Base
- Provider Knowledge Base - Utilization Management
- Prior Authorization Form
- **Subscribe to** Partners Communications

PARTNERS
Improving Lives. Strengthening Communities.

UM Email Addresses

BH & I/DD Manual Authorization Submissions:
BHIDDManualAuthorizations@partnersbhm.org

Enhanced Rate Submissions:
UMSpecializedfunding@partnersbhm.org

ProAuth-Specific Questions:
ProAuth@partnersbhm.org

Electronic Visit Verification (EVV) Related Questions:
EVVSupport@partnersbhm.org

General UM-Related Questions:
UMQuestions@partnersbhm.org

PARTNERS
Improving Lives. Strengthening Communities.

Questions

PARTNERS
Improving Lives. Strengthening Communities.